

1. PURPOSE. This order prescribes Office of Aviation Medicine standards for training of medical program personnel. For purposes of this Order, the term "training" includes agencyconducted training, outofagency training, aviation medicine seminars and professional meetings which provide continuing medical education, and onthejob training.

2. DISTRIBUTION. This order is distributed to director level in the Offices of Accounting and Audit, Budget, and Personnel and Training, and to branch level in the Office of Aviation Medicine in Washington. This Order also is distributed to regional and center directors, to regional Aviation Medical, Accounting, Budget, and Personnel Management Divisions; to branch level in the Civil Aeromedical Institute at the Aeronautical Center; to the NAFEC Medical Staff; and to medical offices in air route traffic control centers.

3. SCOPE. This order applies to all medical program personnel employed by the agency located in Washington Headquarters, regions, centers and air route traffic control centers.

4. STANDARDS.

a. Medical Officers. To ensure that medical officers remain current in aviation medicine the following, within available resources, shall be supported:

(1) Completion of the USAF "Primary Course in Aerospace Medicine" or acceptable alternative coursework, if the physician has no prior aviation medicine experience.

(2) Annual attendance at the Aerospace Medical Association Scientific Meeting.

(3) Annual attendance at one additional professional meeting related to the employee's particular scientific field.

(4) Attendance at a threeday Aviation Medicine Seminar annually, and a fiveday Seminar every three years.

(5) Continuing medical education required for license retention or one annual educational undertaking (even if not required for licensure).

(6) Training in EKG and Xray interpretation and postexercise cardiography, if not previously obtained,

b. NewlyAppointed Medical Officers. Physicians new to the agency shall be provided, within available resources, the training specified in 4. a. above, as well as the following:

(1) A working visit, soon after appointment, to a comparable regional office and/or air route traffic control center medical facility.

(2) A thorough (35 days) indoctrination at the Civil Aeromedical Institute (CAMI) within the first 3 months of employment.

(3) An orientation visit to the Office of Aviation Medicine between 36 months after entrance on duty.

(4) Agencyconducted supervisory training.

c. Residency Training. Medical officers desiring aerospace residency training should direct requests

through supervisory channels to the Federal Air Surgeon, AAM1.

d. Other Medical Program Personnel. All other medical program personnel shall be provided, within available resources, training necessary to maintain and upgrade skills consistent with changing technology and job demands. As required, such personnel may receive basic and continuing training in such areas as emergency care, cardiopulmonary resuscitation, electrocardiography, alcohol and drug abuse, introductory occupational health and medical records management, as well as administrative and business management courses designed for such personnel. Such personnel also should be afforded opportunity to attend Aviation Medicine Seminars and to make working field visits to other regional offices and centers, especially the Civil Aeromedical Institute.

5. RESPONSIBILITY. Medical program officials shall:

a. Counsel all medical program personnel as to training requirements and opportunities, and shall provide for required training consistent with regional budgetary and administrative procedures.

b. Establish means to acquire and disseminate information on local medical training opportunities from sources such as higher education departments, organizations such as American Red Cross, American Cancer Society, and local medical groups.

c. Develop and provide up-to-date position descriptions to employees and initiate discussion of duties and mutual job expectations; conduct periodic (at least annual) review and necessary revision of position descriptions.

d. Provide to medical officers a basic administrative and professional work kit as specified in Appendix 1.

e. Provide or arrange for detailed briefings to all medical program personnel on the interrelationships within the national medical program, within the FAA, and with outside agencies such as the Office of Worker's Compensation Program, Civil Service Commission and the National Transportation Safety Board.

f. Encourage participation of medical officers in varied duties such as accident investigation and pilot lectures.

6. OTHER TRAINING. Suggested training opportunities for medical officers are listed in Appendix 2.

7. FUNDING. Funds for these training activities shall be requested by the medical facilities through the normal budgetary process and annual calls for training estimates.

H. L. REIGHARD, M.D.

Federal Air Surgeon

APPENDIX 1. WORK MATERIALS

1. MEDICAL (provide to each medical officer)

a. AME Directory

b. CSC Qualification Standards, Air Traffic Control Series 2152

c. FARs, Part 67, Medical Standards and Certification

d. FAA Directives:

3410.11A ATC Second Career Program

3910.2A Occupational Health Programs

3930.2 Medical Examination Procedures for Government Motor
Vehicle Operators

3930.3 ATCS Health Program

8025. Aviation Medicine Participation in Aircraft Accident
Investigations

8500.18 Medical Certification Denial Procedures

8520.2B AME System

8520.3A Guide for AMEs

9000.1B Medical Reporting Requirements

e. Index to OAM Reports

f. Index of Reference Materials *

g. Legislation:

P.L. 91-616 Comprehensive Alcohol Abuse and Alcoholism Prevention,
Treatment, and Rehabilitation Act of 1970

P.L. 92-255 Drug Abuse Office and Treatment Act of 1972

P.L. 91-596 Occupational Safety and Health Act of 1970

P.L. 79-658 Government Employees - Health Programs (and BOB
Circular A-72)

2. MEDICAL REFERENCE MATERIAL*

a. AMA Drug Evaluations

- b. Appropriate Medical Association Journals
- c. CFR 14, Vols. 159, 60199
- d. "CV Problems Associated with Aviation Safety (FA74Wa3447)
- e. "Drug Hazards in Aviation Medicine
- f. FAA Directives:
 - 2700. Reimbursement of Agency Personnel for Cost of Required Medical Examinations
 - 3700. Employee Assistance Program
 - 3700.5 Prevention, Treatment and Rehabilitation Program for Alcoholism and Alcohol Abuse
 - 3900.4 Noise Control in Occupational Environments
 - 3900.1A Occupational Safety
 - 3910.1B Issuance of Sunglasses
 - 3910.3 Radiation Health Hazards and Protection
 - 3920.1 Immunization of Key Personnel
 - 3940.1 First Aid Kits in . . . Facilities
 - 4040.9 Operation of FAA Aircraft (Para. 129)
 - 8020.11 Aircraft Accident and Incident Notification
 - 9000.2A Control and Disposition of Narcotics and Dangerous Drugs
- g. Federal Air Surgeon's Medical Guideline Letters (MGLs)
- h. Federal Air Surgeon's Medical Bulletins
- i. Federal Employees Compensation Act
- j. Federal Personnel Manual sections related to medical program activities
- k. Labor Agreements

l. Medical Handbook for Pilots

m. Merck Manual

n. OWPC Title 20 Benefits

o. Physicians Desk Reference

3. NONMEDICAL REFERENCE MATERIAL

a. All Pertinent Regional Administrative Procedures and Directives

b. World Aviation Directory

c. Guide to FAA Publications, FAAAPAPG1

d. Listings of Region, Center, OAM Personnel

e. Organization Handbook, 1100.2, Chapter 13, Office of Aviation Medicine

APPENDIX 2. SUGGESTED TRAINING FOR MEDICAL OFFICERS

Title or Category Source

1. Accident Investigation, I and II FAA

2. Aerospace Pathology Armed Forces Institute

3. Alcoholism ---

4. ATC Indoctrination FAA

5. Emergency Care ---

6. Family Practice Refresher ---

7. Labor Management Relations FAA

8. Microwave Radiation ---

9. Primary Course in Aerospace Medicine USAF

10. Toward Understanding Human Behavior Menninger

& Motivation